L22000402565

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| | | | | |
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| | | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nar | ne) | | |
| (Do | cument Number) | | | |
| | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





600399005706

12/21/22--01001--019 **25.00

ALLAHASSEF FÜRDE

RECEIVED

A 10, 11 DEC 2 1 2022 2622 DEC 20 PM 2: 2

CAPITAL CONNECTION, INC.

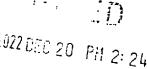
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| CLASSIC SSK, | LLC | |
|-------------------------------------|--------------|--------------------------------|
| | | |
| | | - |
| | | |
| | | |
| | | |
| | | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
| | | L.C. File |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art, of Amend, File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| | | Officer Search |
| | | Fictitious Search |
| | | Fictitious Owner Search |
| Signature | | Vehicle Search |
| | | Driving Record |
| Requested by: | | UCC 1 or 3 File |
| requested by. | | - UCC 11 Search |
| Name | Date Time | UCC Retrieval |
| Walk-In | Will Pick Up | Courier |
| 17.2 Brooker's Brooker's Thomas and | GA ANY | 1 |

COVER LETTER

| | egistration Sec ivision of Corp | | | |
|--|------------------------------------|--|---|---|
| SUBJECT | CLASSIC S | | | |
| SUBJECT | | | nited Liability Company | **** |
| The enclose | ed Articles of A | Amendment and fee(s) are sub | amitted for filing | |
| | | idence concerning this matter | • | |
| | | Matthew J. Lapointe, Esq. | | |
| | | | Name of Person | |
| | | Blalock Walters, P.A. | | |
| | | | Firm/Company | |
| | | 802 11th Street West | | |
| | | | Address | |
| | | Bradenton, FL 34205 | | |
| | | | City/State and Zip Code | |
| | | epennington@blalockwalter | rs.com to be used for future annual report notific | ration) |
| For further | information co | ncerning this matter, please c | • | , |
| Matthew J. | Lapointe, Esq. | | 941 748-0100 | |
| Name of Person | | at () Area Code Daytime Telephone Number | | |
| Enclosed is | a check for the | following amount: | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Sect. Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3 | orations Ilahassce Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CLASSIC SSK, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/15/2022 and assigned Florida document number L22000402565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------------|----------------|
| AMBR | Murray Coleman | 1200 Oakley Seaver Dr, Unit 109 | ■Add |
| | | Clermont, FL 34711 | |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □ Change |

| | | | | | |
|---|-----------------------|--------------------|--|--|--------------------------------------|
| | | | | | |
| | | | · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | , , , , , | | |
| | | | | | |
| - 179- | | | · . | · | |
| | | | | | |
| | | <u></u> | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| C. Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the | block does not meet | the applicable st | of filing or more than atutory filing requir | (optional) 90 days after filing.) Purst ements, this date will n | nant to 605.0207 not be listed as |
| the record specifies a delayed effect ecord is filed. | tive date, but not an | effective time, at | 12:01 a.m. on the e | arlier of: (b) The 90th | ı day after the |
| | 2 | ກາງ | | | |
| Dated December 20 Wattly | 2 | 022 | | | |

COVER LETTER

| | ision of Cor | | | | |
|--|---------------|---|---|---|--|
| SUBJECT: | CLASSIC S | SSK, LLC | | | |
| Sobster. | | Name of Limited Liability Company | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Matthew J. Lapointe, Esq. | | | |
| | | | Name of Person | | |
| | | Blalock Walters, P.A. | | | |
| | | | Firm/Company | ··· | |
| | | 802 11th Street West | | | |
| | | | Address | | |
| | | Bradenton, FL 34205 | | | |
| | | | City/State and Zip Code | | |
| | | epennington@blalockwalter | rs.com to be used for future annual report not | rification) | |
| For further in | ıformatioπ co | oncerning this matter, please co | • | incanony | |
| Matthew J. L | .apointe, Esq | · | 941 748-0100 | | |
| Name of Person | | at () Area Code Daytin | nc Telephone Number | | |
| Enclosed is a | check for th | e following amount: | | | |
| ■ \$25.00 F | Tiling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl | rporations Fallahassee oc Street, Suite 810 | | |